



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
HIOSH COMMITTEE

Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Occupational Safety And Health Professional
INSTRUCTION SHEET FOR EXPERIENCE FORM

Instructions

Please completely fill out the EXPERIENCE FORM.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Phone: (808) 586-9116

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
(808) 586-9104



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Occupational Safety And Health Professional
EXPERIENCE FORM

FORM MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

Applicant	Last	First	Middle	FILE NUMBER (OFFICE USE ONLY)
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Date of Employment Month / Day / Year to Month / Day / Year		Employer	
Employer Address		Telephone (Include Area Code) ()	
Position Title		Dates employed in this position Month / Day / Year to Month / Day / Year	
Was this a full-time position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of time spent in Occupational Safety & Health work _____%		
Supervisor Name		Title	
Describe duties which exhibit knowledge and familiarity with HIOSH standards:			

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